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PLANNING FOR COMMUNITY MENTAL HEALTH CENTERS

A THESIS

Presented to

The Faculty of the Graduate Division

by

Phillip E. Ogle

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PLANNING FOR COMMUNITY  
MENTAL HEALTH CENTERS

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## SUMMARY

Many communities throughout the United States are establishing community mental health centers, stimulated by the construction grants provided by the Federal Government. The centers are a new concept in the treatment of the mentally ill, allowing most patients to carry on their normal life's routine while being cured of mental illness.

The purpose of this study is to provide a guide for planning of community mental health centers. The study presents an analysis of state and local planning for the centers.

It was found that state planning is the first step which should be undertaken in establishing community mental health centers. The state plan should: (1) divide the state into community mental health center service areas; (2) recommend appropriate locations for centers within each service area; and (3) establish priorities for the construction of centers.

Local planning for the centers was investigated to determine how communities can most appropriately plan for the centers. It was found that every community should perform three essential planning tasks: (1) select an agency to operate the center; (2) determine how the center's services are to be housed; and (3) provide financing of the center's operation.

The center may be operated by one or more agencies, such as city or county general hospitals, local health departments, the state system of mental hospitals, or nonprofit organizations. Selecting the agency to



operate the center depends on the willingness of the agency to participate and the extent and adequacy of its facilities and personnel.

In most instances, general hospitals may be used to house services, since hospitals already have established facilities and personnel. Inpatient care, partial hospitalization, and emergency treatment are especially suited for placement in a general hospital. Other services, however, such as outpatient care and consultation and education may be best located elsewhere for the center to adequately provide services to its area of jurisdiction. These services could be housed in existing local health clinics, mobile units, rented space, or newly constructed buildings.

Communities are responsible for meeting the operating costs of the centers. Operating costs may be financed by appropriations from local governments, gifts, and patient fees. Also, many states provide matching grants to communities for providing mental health services.

## CHAPTER I

## INTRODUCTION

Historically, the treatment of the mentally ill has been inadequate and ineffective. Most mentally ill persons were sent to large state mental hospitals where treatment was primarily custodial. The Federal Government has recognized the need for improved mental health facilities and more effective treatment of the mentally ill by making funds available to communities for establishing community mental health centers.

The Community Mental Health Centers Act

In 1963, Congress enacted the Community Mental Health Centers Act (Title II of Public Law 88-164), which authorized grants totaling \$150 million for construction of public and other nonprofit mental health centers. Authorizations include: \$35 million for the fiscal year ending June 30, 1965; \$50 million for the fiscal year ending June 30, 1966; and \$65 million for the fiscal year ending June 30, 1967.<sup>1</sup> These funds may be used to finance the construction of new buildings and to expand, remodel, or alter existing buildings. Funds are awarded through states to communities as grants-in-aid for up to two-thirds of the construction costs of the centers. The Secretary of Health, Education, and Welfare makes allotments to states based on: (1) population; (2) the need for facilities; and (3) the financial needs of the states. Allotments have ranged from \$100,000 in five states to about \$2.7 million in New York in 1965.<sup>2</sup>

In 1965, Congress adopted Public Law 89-105, which amended the

Community Mental Health Centers Act of 1963. The 1965 amendment authorized funds to meet the costs of technical and professional personnel serving in new, nonprofit mental health centers and to meet staffing costs of new services added to existing mental health facilities. The Act authorized grants totaling: \$19.5 million for the fiscal year 1966; \$24 million for the fiscal year 1967, and \$30 million for the fiscal year 1968.<sup>3</sup> The funds may be used to meet staffing costs for the first 51 months in which a community mental health center is in operation. The Secretary of Health, Education and Welfare is authorized to make grants not exceeding 75 per cent of staff costs in the first 15 months of operation, 60 per cent in the next 12 months, 45 per cent in the next 12 months, and 30 per cent in the last 12 months.

#### State Financial Assistance

Since Federal funds may be used only to finance construction and staffing costs, the states are partly responsible for assisting communities in meeting the operational costs of the centers. At the present time, 25 states have Community Mental Health Services Acts which provide matching grants to communities for specified types of local mental health services.<sup>4</sup> A list of states having these Acts may be found in Appendix A.

#### Purpose and Scope of Study

Assuming adequate financial support and the necessary supply of trained mental health manpower, it is estimated that 500 to 700 centers may be built by 1970.<sup>5</sup> The purpose of this study is to provide a guide for the planning of centers in states and communities.

Chapter II describes the operation of a community mental health center. Chapter III describes a program for the preparation of a state mental health centers plan. Chapter IV presents a guide for the planning of centers at the community level.

## CHAPTER II

### COMMUNITY MENTAL HEALTH CENTERS

The community mental health center is a new concept in the treatment of the mentally ill. The basic objectives of the center are to: (1) provide treatment facilities reasonably near patients' homes; (2) provide a comprehensive range of services; (3) make services immediately available and easily accessible; and (4) provide continuity of care until the patient is rehabilitated.<sup>6</sup> The centers enable most patients to receive care and treatment without being removed from their families and communities.

A center does not have to be located in a new or separate building. For example, it may be located in an addition to a general hospital, in a clinic, or in an existing mental health facility in the community. A center should have a program of mental health services, in one or more facilities, under a unified system of care.<sup>7</sup>

#### Services Offered

To be eligible for federal funds, a center must provide five essential elements of service: inpatient care; outpatient care; emergency treatment; partial hospitalization; and consultation and education.

#### Inpatient Care

The purpose of inpatient care is to provide patients with early and intensive treatment for those who can be returned to their families and communities within a reasonably short period of time. The average

length of stay of an inpatient at the center is about three weeks, although some patients may be released within four or five days. Treatment includes such activities as individual and group psychotherapy, recreational therapy and the administration of drugs.

#### Outpatient Care

Outpatient care, which does not involve hospitalization, includes various kinds of individual and group treatment programs. Frequently, patients are treated once or twice a week in one-hour and half-hour sessions. Patients may be referred for inpatient care or some other form of treatment as needs indicate.

#### Emergency Treatment

The center's professional staff will respond to local calls by physicians, families, or individuals when an emergency arises and an individual needs immediate attention. After the individual case is diagnosed and treated, he is referred to some other element of the center's service or to a state mental hospital where specialized care can be provided.

#### Partial Hospitalization

This service is provided to persons not requiring 24-hour care. Patients receive treatment during the day and return home on evenings and weekends. Also patients who are able to work or attend school during the day may go to the center at night to receive treatment.

#### Consultation and Education

Consultation and education is a service which does not directly involve mental patients. Members of the center's staff provide consultation to professional personnel in the community, such as physicians

and clergymen, and to local agencies such as schools, public health departments, police, courts, and welfare departments concerning the emotional problems of individuals with whom they deal. Public education is carried out by the use of: (1) newspapers, radio, and television; (2) speeches before local groups and organizations; and (3) seminars, lectures, and training institutes.

#### Persons to Whom Services are Made Available

Any person in the community needing mental health treatment and care may take advantage of the center's services. The center will provide treatment to persons whether they have acute emotional illnesses, mild neuroses, or minor emotional reactions to such things as marriage difficulties, new jobs, and new additions to the family. Many of the persons served by the center are adults, including special services for alcoholics and drug addicts. Also, special services are provided to elderly persons. A unit of the center provides services to children, including juvenile delinquents. In addition, the center provides diagnostic and counseling services to the mentally retarded and their families.

#### Methods of Treatment

The methods of treatment provided in a community mental health center involve whatever is necessary to cure patients of emotional disorders. Treatment programs include individual psychotherapy, group psychotherapy, psychiatric drugs, electro-shock, resocialization and a variety of ancillary therapies such as recreational and occupational therapy. A patient may receive one or several methods of treatment, depending on the seriousness of his mental disorder.

### Personnel

To provide services, the center will require a wide range of professional, technical, clerical, and other types of personnel. Needed professional personnel included psychiatrists, general practitioners and other physicians, clinical psychologists, psychiatric nurses and psychiatric social workers. Technical personnel include psychiatric aides and technicians, physical therapists, occupational therapists, recreational therapists, vocational counselors, and group workers. If the center is engaged in extensive research, special personnel such as biochemists and statisticians are also needed. Clerks, typists, and other clerical staff are needed for reception work, typing, filing, and record keeping. In addition, various other staff members such as dietitians and janitors are needed for the operation of the center.

An effective method of organizing personnel to effectively and efficiently provide services is to divide available personnel into teams. Normally, the personnel of a center can be divided into three team categories: (1) adult teams; (2) alcoholism teams; and (3) children's teams.

#### Adult Teams

Several adult teams will be needed since each team is responsible for patients in a specific geographic area of the community. Although the number of teams depends on the size of the center's service area, three or four adult teams are usually sufficient.

Each adult team should be headed by a psychiatrist. The team should include a social work supervisor and two or three social caseworkers. Several nurses, including practical nurses and psychiatric aides are also needed along with recreational aides, a psychologist, and a vocational counselor. Clerical personnel consists of a chief clerk and typist who assume reception and clerical duties, typing, and record keeping.



### Alcoholism Team

The alcoholism team is responsible for treating all alcoholics in the service area and should be headed by a psychiatrist or physician. Additional personnel consists of a psychologist, psychiatric social workers, nurses, and vocational counselors. Also, student trainees such as psychiatric residents and divinity school post-graduates could be used. Clerical staff should include the same personnel as that of the adult team.

### Children's Team

This team is responsible for all emotionally disturbed children in the center's service area and should be headed by a child psychiatrist. Other child psychiatrists should also be on the team. Other team members include psychologists, social case workers, teacher-therapists, and pediatricians. Volunteer workers may assume reception room and baby sitting duties, certain clerical functions, and various play and school activities. Clerical workers similar to those in the adult and alcoholism teams should be included.

### Building and Facilities

Modern community mental health center buildings are a departure from the drab, custodial appearance of most existing mental health facilities. Many of the center's buildings are modern in design and are situated on large sites. The centers contain modern facilities and equipment for treatment and care of the mentally ill.

Table 1 shows the major activity areas and desirable floor space requirements of a proposed community mental health center. In this example, all services will be housed in a single, new building. The center is situated on a site of 2.1 acres in a large city. Approximately 30,000 square feet of parking space is provided on the site to accommodate 68 automobiles. The center contains nine major activity areas. The first of these areas is the reception-administration area, which contains a

Table 1. Desirable Floor Space Requirements of a  
Community Mental Health Center

Type of Activity	Desirable Net Square Footage
Reception and Administration	8,460
Common Areas (staff, patients, public)	10,330
Rental Areas	7,305
Service Areas	5,120
Three Adult Teams	23,480
Alcoholic Team	5,775
Children's Team	7,495
Shared Facilities	5,135
Total Floor Space	73,100

Source: Dorsett, Clyde and Others. Planning, Programming, and Design for the Community Mental Health Center. Bethesda, Maryland: National Institute of Mental Health, the Community Mental Health Facilities Branch, n.d., pp. 104-105.

reception and waiting room, offices and record storage, a nurses station, an emergency waiting room, examination rooms, and a conference room. A large common area for staff, patients, and the public is provided. Included in the common area are dining rooms and kitchens, a pharmacy and canteen, rehabilitation and occupational therapy rooms, and storage space. The center has space for retail shops and professional offices and contains a service area which includes storage space, a laundry, staff toilets and lockers, and a maintenance shop. A shared facilities area is also included in the center and contains a group reception area and lobby, a staff lounge, meeting rooms, and a multi-purpose assembly and recreation hall.

Slightly over one-half of the center's total floor space is devoted to areas for the treatment teams. A large area of 17,535 square feet accommodates the three adult teams. This area contains space for a reception and waiting room, nurses station, storage, dressing rooms and lockers, offices, lounges, and quiet room. Inpatients will be housed in multipurpose dayroom and sleeping rooms which contain murphy beds and movable panels. The National Institute of Mental Health recommends that a center contain 24 inpatients beds per 100,000 population, although the number of beds provided depends on other available facilities in the community. The alcoholic team area contains facilities and space similar to the adult team area. The children's team area contains special facilities such as classrooms, carrells, and dayroom.

## CHAPTER III

### STATE PLANNING FOR COMMUNITY MENTAL HEALTH CENTERS

All states are preparing plans for community mental health centers in accordance with Public Law 88-164. The agency preparing the plan in most states is the state mental health agency or the agency responsible for the Hill-Burton medical facilities program.

State community mental health center plans must be approved by the Secretary of Health, Education, and Welfare. The Secretary has established broad policies and procedures to regulate the states in the planning and construction of the centers. Individual construction applications must be approved by the Surgeon General.

A comprehensive state mental health centers plan should recommend a network of centers accessible to the entire population of the state and furnishing adequate treatment and care for those in need. To accomplish this objective requires that the state community mental health center planning agency: (1) designate service areas of the centers; (2) recommend the location of centers within each service area; and (3) establish priorities for construction of the centers.

#### Designating Service Areas of Centers

Each state should be divided into community mental health center service areas covering the entire state. If the state is receiving federal construction funds under Public Law 184, each center's service area must serve a population of not less than 75,000 and not more than

200,000 persons. Some of the service areas may be only a portion of one city or all of a city. Other service areas may contain several counties, one county, or a portion of a county.

#### Locating Centers Within the Service Areas

After the state has been divided into service areas, the state center planning agency should recommend appropriate locations for community mental health centers within each service area. Factors to be considered in locating the centers are: (1) accessibility to the population; (2) extent and distribution of mental illness; (3) availability of facilities and personnel; and (4) community interest and participation.

#### Accessibility to the Population

Centers should be highly accessible to the population. In many cases this may mean the location of centers in areas having large populations and high population densities. Moreover, the centers should be located to take advantage of: (1) available transportation facilities; and (2) travel patterns and travel times between retail trading areas, educational, religious and recreational facilities, medical and mental health facilities, and major centers of employment.

#### Extent and Distribution of Mental Illness

Centers should be located in areas having large numbers of mental illness cases. Therefore, the extent and distribution of mental illness should be estimated within each service area.

The first step in estimating the extent and distribution of mental illness is a tabulation of the diagnosed cases of mental illness within the state. The number, types, and locations of diagnosed cases are

obtained from the records of psychiatrists and other professionals in private practice, general psychiatric hospitals, outpatient clinics, and other facilities in which the mentally ill are treated.

Estimating the extent and distribution of mental illness also requires a tabulation of people having emotional disorders which have not been diagnosed and treated. These persons have disruptive problems such as poor adjustment to school, antisocial behavior, alcoholism, damaging emotional reactions to physical illness, marital difficulties and unemployment. Information about these people may be obtained from school counselors, nursing and foster homes, rehabilitation agencies, departments of probation and correction, the courts, police departments, family and social agencies, and health and welfare departments.

The number and types of diagnosed and undiagnosed cases of mental illness should be tabulated for each service area in the state and put on a map to show the distribution of mental illness within service areas. These data will indicate the portion of the service areas containing the greatest number of mental illness cases.

#### Availability of Facilities and Personnel

The location of centers will be influenced by the availability of mental health facilities and personnel. Communities within the service area not having adequate facilities and personnel are logical choices for center locations, since these communities have the greatest need for mental health facilities and services. It is desirable that a community which is selected as a center's site have some type of mental health facilities and personnel to serve as a basis for establishing a center.

A survey should be made of all public and private facilities in

each service area providing mental diagnosis, treatment, and care. The survey should identify: (1) names, locations, and types of facilities; (2) types of ownership or control; (3) range of services provided; (4) capacities; and (5) methods of financing services and facilities. An evaluation should also be made of the adequacy of services and their accessibility to the population.

The availability of psychiatrists, clinical psychologists, social workers, psychiatric nurses and aides, and general practitioners should be determined. The distribution of this mental health manpower and the identification of agencies and organizations employing it should also be determined.

#### Community Interest and Participation

The interest of communities and their willingness to participate in the center's program are important factors to be considered in locating the centers. For example, local volunteer workers will be needed if the center is to adequately and efficiently provide services. Also, in many instances it will be necessary for local governments to provide funds to help finance the operation of the centers. Personnel of the state center's planning agency should interview citizens and officials of communities in each service area to determine the amount of local interest and the willingness to participate in establishing and operating the centers.

#### Establishing Priorities for Construction of Centers

The state mental health center's planning agency should establish priorities for the construction of centers. Areas receiving the highest priorities should: (1) contain a large number of mental illness cases; (2) have inadequate mental health services; (3) contain some mental health

facilities and personnel to provide a basis for establishing a center; and (4) indicate an interest and willingness to participate in establishing and operating the centers.

To insure that local high priority areas receive federal funds, the state center's planning agency determines the order in which individual construction applications are submitted to the U. S. Public Health Service. However, communities must take the initiative in preparing applications for funds.



## CHAPTER IV

### LOCAL PLANNING FOR COMMUNITY MENTAL HEALTH CENTERS

Local planning for community mental health centers involves three essential steps: (1) selecting an agency to operate the center; (2) housing the center's services; and (3) financing the center's operation.

#### Selecting the Local Mental Health Agency

Each community should select the appropriate agency or agencies to provide the services of the center. The elements of service offered by a community mental health center need not be under one roof or a single sponsorship.<sup>8</sup> Agencies assuming responsibility for the local center's program can be a combination of public and private agencies which most effectively meets the needs of the community. Services of a community mental health center may be provided by city or county general hospitals, by local health departments, by the state mental hospital system, by non-profit organizations or by some combination of these.

#### City or County General Hospitals

A mental health center may be an administrative unit of a general hospital. The director of the center is usually appointed by the hospital's governing board. Staff members are selected by the agency of the general hospital responsible for staff appointments. Selections are usually approved by the hospital medical board and by the hospital governing board. A mental health center attached to a city or county facility must

accept indigent patients and may accept involuntary patients by agreement.

An example of a general hospital serving as a community mental health center is the psychiatric center of Mt. Sinai Hospital in New York City. The center is an administrative and functional part of the general hospital and uses all hospital facilities in providing inpatient and outpatient services, day and night treatment, and aftercare.

A center which is part of a general hospital is usually provided with established, comprehensive facilities. In many instances, these facilities allow the center to offer a broad program of treatment, training, and research. Inpatient and outpatient services are especially suited to placement in a general hospital. Patients can be moved from inpatient care to outpatient care with relative ease while receiving continuity of therapeutic treatment.

The major disadvantage of a center being located in a general hospital is lack of autonomy. The center is subject to administrative control by hospital authorities, which may interfere with the efficient operation of the center. For example, the selection of professional staff may often be slow and cumbersome. In one hospital the director of the center selects professional staff and recommends his selection to the hospital's committee on staff appointments. The committee's recommendation must then be approved by the hospital's medical board and the board of managers.

#### Local Health Departments

A center may be organized as an administrative unit of a local health department. The director of the center, who is usually appointed by a city or county manager or the director of the local health department,

is responsible for the operation of the center and may appoint key professional personnel. One or more local advisory boards are often established.

The center operated by the San Mateo County (California) Department of Public Health and Welfare is an excellent example of a center organized as an administrative unit of a local health department. This agency, which offers a variety of services, has one of the most comprehensive mental health programs in the United States.<sup>9</sup> The director of the center is appointed by the county manager with the approval of the county board of supervisors. The director appoints the mental health program chief who selects professional staff. The county civil service commission appoints a professional board which is responsible for reviewing appointments of psychiatrists and psychologists. Before final selection is made, staff members responsible for independent or semi-independent programs are interviewed by community leaders. Under California's Short-Doyle Act, the county board of supervisors must appoint a seven-member community mental health advisory board. Membership includes one representative each from the county board of supervisors, the judiciary, private medical practitioner's, private psychiatrists, and three lay members.<sup>10</sup>

Most local health departments have adult clinics, child guidance clinics, a public health nursing service, and other programs and facilities sufficient to establish diagnostic services, outpatient treatment, aftercare, and consultation and education. It may be necessary for a health department to establish a mental health hospital or add a unit to a general hospital for inpatient and emergency care. However, its primary value may be to provide treatment which can prevent hospitalization.

Most centers attached to local health departments have excessively large numbers of indigent patients. As a result, in many cases they can not provide a sufficient length of stay to inpatients for totally effective treatment. Moreover, lack of competitive salaries often hinders the attraction of professional personnel and may also cause a high turnover among professionals on the staff.

#### State System of Mental Hospitals

As part of a state system of mental hospitals, a local center may be established under the supervision and control of the state department of institutions or hospitals. A director and a governing board are usually responsible for the operation of the facility.

The Fort Logan Center in Denver (Colorado) is an administrative unit of the state hospital system. The director of the State Department of Institutions is chairman of the center's governing board. The chairman, with approval of the governor, appoints the director of the center. The director employs all personnel but must adhere to the procedures prescribed by the state civil service agency.

Organizing a center as part of a state mental hospital system may be effective if: (1) the unit is located to serve a small, well-defined geographic area; and (2) the facility offers a comprehensive range of services. In most instances, this would require decentralization of a state mental hospital's activities.

As a unit of the state hospital system, a center is dependent on state financing. This usually necessitates frequent contact with state officials to reach agreements on the quality of care and the amount of money needed to provide it.

A center is also under the administrative control of the state hospital system and must adhere to its policies and operational procedures. Thus, the center is responsible for all patients in the community not under private care. If attached to a state hospital, the core of a center's program is usually hospitalization. Other necessary services may only be extensions of hospitalization or may not be offered at all.

#### Nonprofit Organizations

Community mental health centers may be operated by private foundations and nonprofit corporations. These organizations usually have bylaws providing for a board of directors. Membership may be obtained from the community in which the facility is located. The board selects the director of the center and delegates administrative responsibility to him, although final authority for the operation of the center is the responsibility of the governing board. A privately operated center may informally integrate services with a general hospital, and it may contract with a city or county to provide certain services.

Prairie View Hospital, located in Newton, Kansas, was chartered as a nonprofit corporation by the Mennonite Church. The center was established as an activity of the Mennonite Mental Health Services and has a 16-member governing board. Membership of the board includes ministers, farmers, a physician, and local executives. The bylaws of the corporation require two key professionals to operate the hospital: (1) a director who is responsible for the hospital's overall administrative operation; and (2) a medical director who is responsible for the hospital's mental health program and services. Prairie View contracts with Harvey County, Kansas, to provide outpatient and consultation services to county residents.

Most of the hospital's patients are those paying the required patient fees.

Centers operated by nonprofit organizations may develop a highly flexible program since there is no outside control over policies and day-to-day operations. Financing the center is more difficult because of less government financial participation. Increased availability of mental health insurance, however, will make private hospitals within the economic reach of many persons with low incomes.<sup>11</sup>

### Housing the Center's Services

Every community establishing a center must determine how the services of the center can most appropriately be housed. In most instances, communities will find it advantageous to house at least some of the center's services in general hospitals.

#### Housing Services in General Hospitals

General hospitals provide an excellent basis for establishing centers, since most hospitals already have facilities which can be used and expanded to provide mental health services. Also, many general hospitals admit psychiatric patients. Certain elements of the center's services, such as inpatient care, emergency care, and partial hospitalization, are especially suited to being housed in a general hospital. These services require extensive use of personnel and facilities which most general hospitals can at least partially provide.

By housing the center's services in a general hospital, more effective utilization of space and a lower cost of operation may be obtained. It is more convenient for staff members to treat the center's patients

if all patients are in one place. Moreover, coordination of mental health services is much easier and a higher quality of patient care may be achieved. In addition, the center and the hospital can share personnel and facilities. For example, physicians can treat both mental and medical patients, and the hospital's kitchen can provide meals to patients of the center and the general hospital.

If a general hospital is used as a basis for establishing a center, it is usually desirable to locate the center on the same site as the general hospital. The center can be constructed as an addition to the hospital or as a building separate from the general hospital. Of 11 applications for federal construction funds reviewed by the U. S. Public Health Service in Atlanta, Georgia, 8 proposed that the centers be located on the same site as a general hospital. Four communities proposed new buildings separate from general hospitals and four are to be additions to general hospitals.

#### Housing Services Separate from General Hospitals

The general hospital is only of secondary importance in locating outpatient care, consultation and education, and the screening of patients prior to hospital admission. Since the provision of these services does not require extensive use of facilities and equipment, it is more important that they be accessible. Where possible, these services could be housed in mental health clinics. Factors to be considered in locating the clinics are: (1) transportation facilities; (2) community facilities; (3) cases of mental illness; and (4) population characteristics.

Transportation Facilities. Many patients receiving certain types of treatment, such as outpatient care, will visit the clinic and return

home in the same day. The clinic will also be visited by patients' families, professional and technical personnel, volunteer workers, and welfare, clergy, and medical representatives concerned with the care and treatment of patients. The more easily the clinic can be reached, the greater will be the flow of activity through it and the greater the likelihood of its acceptance by the community.<sup>12</sup> Therefore, a primary feature of the clinic should be its accessibility from all sections of the community. The clinic should be located on or close to major thoroughfares. Also, especially in communities that rely heavily on mass transportation facilities, the clinic should be located near transit stations and bus stops.

Community Facilities. Patients of community mental health centers are encouraged to retain their relationships with the community. Patients should follow their normal life's routine as closely as possible. Clinics should be located so they will be convenient to such community facilities as shopping districts, theaters and other entertainment facilities, churches, and recreation facilities.

Cases of Mental Illness. The primary goals of the center are intensive treatment of the mentally ill, an early return of patients to society and prevention of relapse. To achieve these goals requires as little disturbance to the patient's family and community relationships as possible. It is, therefore, desirable to locate services other than inpatient care in or near districts in the community with large numbers of existing and potential cases of mental illness. Information needed to estimate the extent and location of existing and potential cases of mental illness in the community are: (1) the number and place of residence



Table 2. Location Characteristics of Eleven Proposed Community Mental Health Centers

* Proposed Centers	Located on Major Thor- oughfare	Served by Public Transportation Facilities	Located on Same Site as a General Hospital	Type of Land Use in Area Surrounding the Center
1	No	No	Yes	Residential
2	Yes	Yes	No	Commercial
3	Yes	Yes	Yes	Vacant
4	Yes	Yes	Yes	Commercial
5	No	Yes	Yes	Residential
6	No	Yes	No	Residential-Commercial
7	No	Yes	No	Residential
8	No	Yes	Yes	Residential
9	Yes	Yes	Yes	Commercial
10	No	Yes	Yes	Residential-Vacant
11	No	Yes	Yes	Commercial

\* Names of the centers are withheld to avoid identification at the request of Public Health Service Officials.

Source: Applications for federal construction funds, U. S. Public Health Service, Atlanta, Georgia.

of persons receiving treatment with a diagnosis of mental disorder within the past two years; (2) the number and place of residence of persons who would have been referred for community mental health services had such services been available; and (3) the number and place of residence of persons in the community having mental health-related problems such as alcoholism, drug addiction, mental retardation, and educational and vocational handicaps.<sup>13</sup>

Local Population Characteristics. The growth, density, and composition of the local population influence the location of community mental health clinics. Locating clinics in areas of population decline may cause them to be unused and obsolete in only a few years. Also, to make services available to the largest number of persons, clinics should be located in areas of the community which have high population densities.

It is expected that the clinics will serve large numbers of indigent patients. Therefore, districts in the community with large numbers of low-income families should have maximum accessibility to clinics. The foreign born are also often physically and socially isolated from the community and have to overcome language barriers. It is a special challenge to encourage these persons to utilize mental health facilities. In communities which have districts with a large number of the foreign born, clinics should be located in or very near these districts to make it convenient for these persons to take advantage of available services. Clinics also offer special services to the aged. Elderly persons are often unwilling to avail themselves of mental health services unless it is convenient to do so. Moreover, many elderly persons are unable to make even short trips except on periodic occasions. Clinics, therefore, should be highly accessible to elderly persons.

Ways of Housing Services. Clinics can be housed in several ways. If existing local public health clinics are already adequately located, outpatient care, partial hospitalization and emergency treatment could be provided in these clinics. Another possibility is to provide outpatient care, emergency treatment, and the screening of patients prior to hospital admission in mobile units similar to the bookmobile or mobile x-ray units. Also, it may be desirable to rent space to obtain an adequate location where services can be effectively provided. For example the San Mateo County (California) Department of Public Health and Welfare rented space in a large shopping center to establish a clinic which housed outpatient care and consultation and education.

In some cases, it may be desirable to construct new clinics separate from the general hospital to obtain an adequate location for certain services. The site on which the building is to be constructed should be 10 to 15 per cent larger than initial space requirements. The cost of the site should be within the range of the center's budget, although an inadequate site should not be acquired just because it is inexpensive or donated.

Land Use Considerations. To be accessible to the persons which the center is intended to serve may require certain services of the center to be located in or near residential areas. Also, to encourage use of the center, certain services may be located in intensive commercial areas where large numbers of persons can use the center while carrying on their daily activities.

Table 2 shows the type of land use in the areas surrounding eleven proposed mental health centers. Six of these centers are proposed to be

located in predominately residential areas. Four centers are proposed to be located in commercial areas, and one is to be located in a vacant portion of the community.

Although mental health clinics do not have significant physical characteristics which may make them undesirable land uses, they do generate traffic and may be psychologically offensive. Therefore, it would not be desirable to locate clinics in single-family residential areas.

#### Financing the Center's Operation

Communities are responsible for meeting most of the operating costs of mental health centers. Operating costs may be financed by: (1) appropriations from local governments; (2) gifts; and (3) patient fees. In addition, it should be re-emphasized that many states provide funds to communities for meeting some costs of providing mental health services. Communities, therefore, should investigate to see if such funds are available.

#### Appropriations by Local Governments

Appropriations by city and county governments are the primary sources of operating funds. If a center serves only one city or county, the local government may provide funds for the operation of the facility. If a center serves a regional area, a contractual arrangement between the center and local governments is desirable. Each local government's share may be based on population and family income levels.

The amount of funds which a center receives from local governments depends on: (1) the available sources of financing; and (2) the type of agency operating the center. The Penn Foundation is a privately owned and operated facility receiving only five per cent of its income from Bucks

County and Montgomery County Pennsylvania. The Foundation's operational costs are primarily financed by fees for services. The Greater Kansas City (Missouri) Mental Health Foundation is a nonprofit corporation which contracts with Kansas City to provide mental health services. Approximately one-half of the Foundation's operating costs are met by funds provided by Kansas City and Jackson County, Missouri. The Jacob L. Reiss Mental Health Pavillion is a clinical division of St. Vincents Hospital, a private facility located in New York City. About 40 per cent of the center's annual operating budget is derived from the City of New York.

#### Gifts

Contributions from philanthropic organizations, voluntary agencies, and private foundations are important sources of funds. Also, individual citizens, as well as local industries and businesses, are often willing to underwrite certain costs.

Gifts are primarily used to supplement other methods of financing. Although some gifts are large, they are seldom a dependable source of annual income. Generally, gifts constitute less than ten per cent of most centers' annual operating funds.

#### Patient Fees

Most mental health centers charge fees for services, although the amount charged varies significantly. Fees, however, are generally based on the ability of the patient to pay. For example, in one center the fee is determined by considering such factors as family size, living expenses, medical and legal expenses, savings and investments, and income.

Fees account for a large percentage of the annual income of most privately operated centers. In some cases, fees are paid by local governments for the care of indigent patients. Expenditures of Prairie View Hospital in Newton,

Kansas, are almost entirely financed by patient fees. In governmental operated centers, fees are usually not the primary source of operating funds. These centers must extend services to indigent patients, which in many instances make up a large percentage of the patient load.

Patient fees may become an increasingly significant source of funds. Mental health insurance is increasingly being used by government, industry, labor, and insurance carriers. Also, reimbursements to centers by welfare departments for services provided to indigent patients may become common practice.

Local planning for community mental health centers will be necessary if the mentally ill are to be adequately treated. Every community should select the most appropriate agency to operate the center, determine how the center's services can be effectively housed, and provide the necessary funds to finance the center's operation. If these three local planning tasks are successfully undertaken, community mental health centers will provide convenient and effective treatment of the mentally ill.

## APPENDIX

## APPENDIX A

## STATES HAVING COMMUNITY MENTAL HEALTH SERVICE ACTS

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Name of State	Year Act Was Adopted
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California	1957
Colorado	1963
Connecticut	1955
Idaho	1965
Illinois	1961
Indiana	1955
Kentucky	1964
Louisiana	1964
Maine	1959
Michigan	1963
Minnesota	1957
Nevada	1965
New Hampshire	1965
New Jersey	1957
New York	1954
North Carolina	1963
North Dakota	1963
Oregon	1961
Rhode Island	1962
South Carolina	1961
Texas	1965
Utah	1961
Vermont	1957
Wisconsin	1959
Wyoming	1961

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Source: U. S. Public Health Service, Atlanta, Georgia



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